



CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT, 40621-0001



DEPARTMENT FOR MEDICAID SERVICES
"An Equal Opportunity Employer M/F/D"

January 24, 2002

Dear Adult Day Health Care (ADHC) Provider:

Effective for the dates of January 1, 2002 through March 31, 2002, the rate of reimbursement for your facility is a Level II rate of \$34.00 per unit as defined in the Adult Day Health Care Provider Letter dated July 26, 2000 and 907 KAR 1:160 and 907 KAR 1:170. A unit continues to be defined as three (3) hours minimum with six (6) hours required to bill the maximum of two (2) units. Therapies authorized and provided in the centers will be paid at \$75.00 per visit.

Any ADHC agency wishing to apply for a Level II review for the quarter of April 1, 2002 through June 30, 2002, must contact the Healthcare Review Corporation (HRC) on March 1, 2002 to request a "snapshot" date. At the time of the telephone call, HRC will verbally relay a "snapshot" date to the provider and will confirm this date in writing. Specific patient information will need to be provided to HRC.

An ADHC provider may apply for a Level II enhanced payment using an average daily census limited to individuals designated as HCB Waiver, private pay or covered by insurance. Of this census, eighty percent (80%) of the individuals receiving services from the ADHC agency on the "snapshot" date shall be diagnosed as having:

1. A disability that manifested itself before the age of twenty-two (22); and
2. A disability that is attributable to mental retardation or cerebral palsy, epilepsy, autism or a neurological condition that results in an impairment of general intellectual functioning or adaptive behavior. This neurological condition should significantly limit the individual in two (2) or more of the following skilled areas: communication, self-care, home-living, social skills, community use, self direction, health and safety, functional academics, leisure, work and a limitation similar to that of a person with mental retardation. This limitation should result directly from or is significantly

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influenced by substantial cognitive deficits. The limitation may not be attributable to only a physical or sensory impairment or mental illness.

The MAP-1021 shall be submitted to HRC no later than March 18, 2001. The MAP-1021 may be sent to HRC via facsimile. If the provider does not meet the qualifying criteria as outline in 907 KAR 1:170 or does not meet the above mentioned deadlines, the reimbursement rate shall be established at a Level I payment.

Should you have any questions regarding the above mentioned dates or any other ADHC policy, please feel free to contact Kristina Reece at (502) 564-5560. If you have any questions regarding reimbursement rates or billing, please contact Gina Sergent at the same phone number.

Sincerely,

Sharon Eli Mercer, Director
Division of Long Term Care and Disability Services

SM:KER